



# Ontario Aboriginal Housing Services

500 Bay Street, Sault Ste. Marie, Ontario P6A 1X5

Tel: (705) 256-1876

Fax: (705) 256-2671

Toll Free: 1-866-391-1061

www.OntarioAboriginalHousing.ca

## Application, OPHI Ontario Renovates Homeowner Repair Program (confidential)

### Primary Applicant Information:

(must be Indigenous person on Title of Property)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Name Middle Name Surname Date of Birth (Day/Month/Year)

Marital Status:  Single  Married  Common Law  Separated  Divorced  Widowed  Other

Please select one):  Indigenous Status  Indigenous Non-Status  Métis  Inuit  Non-Indigenous

Gender:  Man  Woman  Prefer to self-describe: \_\_\_\_\_  Prefer not to say

Home phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Add to OAHS email list?  Yes  No

Secondary Contact # - Name: \_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_  
(other than those listed on this application)

Property Address (include street, municipality and postal code)

Mailing Address (if different from above i.e. box #, fire # etc) :

### Co-applicant or Spouse (second Title Holder; if any):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Name Middle Name Surname Date of Birth (Day/Month/Year)

Marital Status:  Single  Married  Common Law  Separated  Divorced  Widowed  Other

Please select one:  Indigenous Status  Indigenous Non-Status  Métis  Inuit  Non-Indigenous

Gender:  Man  Woman  Prefer to self-describe: \_\_\_\_\_  Prefer not to say

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Add to OAHS email list?  Yes  No

Is the Primary applicant or Co-applicant employed by OAHS  
or an associated provincial territorial organization?  
 Yes  No

If yes, please check your employer  
 OFIFC  MNO  
 ONWA  OAHS

**Question #1 Household composition (attach additional sheet if required)**

Name List all Household members (excluding applicants) below	D.O.B D/M/Y	Relationship to homeowner(s) (daughter, son, partner etc.)	Gross Income/month	Dependant (Y, N)	please check the appropriate column			
					Indigenous Status or Non-Status	Métis	Inuit	Non-Indigenous
1			\$					
2			\$					
3			\$					
4			\$					

**Question #2 Household Employment Income Information (include any spousal or child support received)**Household Member: Applicant #  Spousal or child support \$  /mo.

Name &amp; Address of Employer/Sources of Income:

How long:

Job Title:

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Rate of Pay:

Total Hours/Week:

Household Member: Applicant #  Spousal or child support \$  /mo.

Name &amp; Address of Employer/Sources of Income:

How long:

Job Title:

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Rate of Pay:

Total Hours/Week:

Household Member: Applicant #  Spousal or child support \$  /mo.

Name &amp; Address of Employer/Sources of Income:

How long:

Job Title:

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Rate of Pay:

Total Hours/Week:

**Question #3 Other Household Income: If a Social Support, select all that apply (if not applicable, go to Question #4)**ODSP  OW  EI  CPP  Old Age Security  Guaranteed Income Supplement  Child Tax Benefit (CTB) 

Monthly Total, except for CTB: \$

Name of Income Maintenance Officer:

Canada Child Tax Benefit monthly amount (excluding Child Tax Disability amount): \$

Spousal or Child Support monthly amount: \$

Education living allowance (i.e. OSAP, First Nation Education Living Allowance): \$

Other: \$

**Question #4 Liens (please include all Liens on property excluding your mortgage. Example: Family Responsibility Lien, Legal Aid, Lines of Credit, MorEnergy, Reliance, etc)**

Lien 1: \$ \_\_\_\_\_

Lien 2: \$ \_\_\_\_\_

Lien 3: \$ \_\_\_\_\_

**Question #5 Bankruptcy and Consumer Proposal**

Have you declared Bankruptcy or filed a Consumer Proposal in the last 7 years?

 Yes  No

If yes, what is the proposed date of Discharge?

\_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Please provide documentation showing proof of discharge\***

**Question #6 Residence Information**

<p><b>Age of House:</b> _____ (found on MPAC Statement)</p> <p><b>Value of House: \$</b> _____ (found on MPAC Statement)</p>	<p>Type of House:  <input type="checkbox"/> Single   <input type="checkbox"/> Semi   <input type="checkbox"/> Duplex   <input type="checkbox"/> Row</p> <p><input type="checkbox"/> Mobile Home _____ (serial no.)   <input type="checkbox"/> Other _____  <b>(you must have title to the property which mobile home is situated on to be eligible)</b></p>
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Are you receiving any other subsidy or assistance for your home, as described in the eligibility criteria?  
 Yes    No  
 If yes, from what agency?

Name of Agency	Date	Name of Agency	Date
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Who are the registered owners of the property? **(INCLUDE ALL NAMES LISTED ON TITLE. If separated or divorced and spouses name is still on title, please provide legal agreement or order with your supporting documents)**

***\*if not legally separated or divorced, the non-resident owner must consent and sign all paperwork for this funding program***

Please identify which of the following Program Priorities apply **(check all that apply)**:

Emergency need   
  Accessibility need   
  Health and safety concern   
  Energy efficiency update

Briefly **describe and prioritize** the repairs and/or modifications required to your home (Attach additional sheets if required):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(refer to guidelines for eligible repairs at <http://www.ontarioaboriginalhousing.ca/programs/>)

Will the requested repairs address any of the following concerns? **(check all that apply)**:

Family reunification   
  Overcrowding   
  Leaving long-term hospitalization

Briefly explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the applicant or co-applicant own or have title to any other property?

Yes  No

If yes, please provide details regarding this additional property, including address/MPAC information:

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**Question #7** How did you hear about the OPHI Homeowner Repair program?

**Question #8** Are there special circumstances that should be considered by OAHS? If yes, please describe:

**Please initial each section below once you have read the provided information regarding OAHS Programs Terms:**

The Homeowner Repair program will assist low to moderate income Indigenous homeowners in repairing their homes, to bring them to an acceptable Health and Safety standard. Applicants that have appointed a Power of Attorney or have been appointed a Guardian/Trustee of their personal finances and assets in accordance with the Substitute Decisions Act, 1992, may be eligible if all other eligibility criteria are met. Appropriate documentation may be requested, along with guarantor signature.

**Loan Forgiveness:**

Forgiveness of the loan will be earned by the homeowner(s) over a period of 10 years. To earn forgiveness, Applicants must maintain continued ownership and occupancy of the dwelling and adhere to all other terms and conditions of the program.

 

**Eligibility Criteria:**

- Primary Applicant Homeowner must be an Indigenous person who is First Nations (Status or Non-Status), Métis, or Inuit (eligible through self-declaration)
- The market value of your home must be at or below the average market selling price for your community as determined annually by CMHC (see attached chart)
- Repair assistance must be applied to the sole and principal residence of the Applicant(s).
- Your total household income is below the program's (60<sup>th</sup> percentile) established guideline for your family (see attached income chart)
- **You must have no outstanding property tax, municipal water, or mortgage arrears on the property. If in arrears, OAHS will request proof of a payment plan that is up to date. Program Funding is conditional upon there being only one mortgage on title. Funding may not be approved if a title search reveals more than one acceptable mortgage or lien. Other encumbrances on title or on a credit bureau search may not qualify the applicant.**
- You must have insurance coverage for the full replacement value of the building. If approved for funding, you must add OAHS to your home insurance coverage policy as loss payee
- No funds can be provided to Applicant(s) for homes currently in receipt of:
  - ◊ Affordable Housing Programs funding under any capital component (Homeownership, Northern),
  - ◊ FIMUR Assisted Homeownership Funds or FIMUR Home Repair Funds
  - ◊ RRAP funding, for which the forgivable period has not been reached, and
  - ◊ RNH homeowner(s) assistance, where the mortgage has not been paid out.

OAHS will enter into an agreement with each successful Indigenous household prior to advancing funds and will ensure that the terms of the agreement include a covenant by the Indigenous household to repay all of the advanced funds to OAHS if the terms of the agreement are not met by the Indigenous household within ten (10) years of the date of repair completion. **This agreement will be registered as a Charge/Mortgage against the title to your property until such time as your commitment under the agreement has been fulfilled. This represents our mutual security in the case of default of the terms of the loan.**

 

*OAHS has a first right of refusal on the property. In keeping with our company mandate of providing safe and affordable housing to people in need OAHS will have the first right to purchase your house for the same price as is offered to you by a bona fide purchaser for fair market value, so that we can provide more housing to people in need. Upon a valid 3rd party Fair Market Value offer OAHS has the first right to accept and purchase or waive its right. Further details can be found on our website and on an FAQ sheet.*

If successful, OAHS is responsible for project selection, monitoring progress, and for the advancement of funds. All applicants who give personal information to OAHS shall be required to consent to the release of that information to Ministry of Municipal Affairs and Housing (MMAH) in order to comply with the Personal Information Protection and Electronic Documents Act (PIPEDA) and Freedom of Information and Protection of Privacy Act (FIPPA). The information provided on this application will be used for the purpose of determining eligibility and potential successful selection for the OPHI Homeowner Repair Program.

 

The undersigned consents to the release of information in this application form and the attached documents if required by law. Any questions regarding the collection or release of this information should be directed to:

OPHI Homeowner Repair Program  
 Ontario Aboriginal Housing Services  
 500 Bay Street  
 Sault Ste. Marie, ON P6A 1X5  
 Phone: (866)-391-1061  
 Fax: (705) 256-2671

Please view our Privacy Policy on the OAHS website:

[http://www.ontarioaboriginalhousing.ca/index.php?option=com\\_content&view=article&id=133&Itemid=359](http://www.ontarioaboriginalhousing.ca/index.php?option=com_content&view=article&id=133&Itemid=359)

\*Please be advised that completion and submission of the OPHI Homeowner Repair Program application form **does not** guarantee application approval in whole or in part.\*

 

**Applicant(s) Declaration (please read and sign the following):**

I/we, \_\_\_\_\_, verify that the information I/we have provided in this application is true and accurate to the best of my/our knowledge. I/we acknowledge that knowingly making a false or fraudulent application shall be considered sufficient cause for refusal of my/our application for the OPHI Homeowner Repair Program. I/we also understand the conditions outlined above.

I/we agree that if my/our application is accepted, I/we consent to OAHS verifying employment history and income amount(s). I/we agree to have a credit check completed prior to funding approval.

The undersigned agree(s) that all information given is to be legal and true and that I/we have not withheld any information relevant to this application. **It is also understood that OAHS reserves the right to reject this application at their sole discretion.** I/we have read, and understand these conditions.

\_\_\_\_\_  
 Applicant Signature (required)

\_\_\_\_\_  
 Please print name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co- Applicant Signature (if required)

\_\_\_\_\_  
 Please print name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Witness Signature (required)**

\_\_\_\_\_  
 Please print name

\_\_\_\_\_  
 Date

**For assistance with this application or questions regarding your submission, please contact:**

Karen Benford  
Program Coordinator  
OPHI Home Repair Program  
Ontario Aboriginal Housing Services  
500 Bay Street,  
Sault Ste. Marie, ON  
P6A 1X5  
Phone (866) 391-1061 ext.318  
Fax: (705) 256-1664  
Email: [kbenford@oahssc.ca](mailto:kbenford@oahssc.ca)

### Document Checklist:

Ensure all documentation is submitted to our office to avoid any delay in processing your application. Please send copies of these original documents. **\*All applicants and consenting spouses must submit 2 pieces of picture ID\***.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Tax Year 2018 Notice of Assessment</b> from Canada Revenue Agency <b>for all household members 18 years of age or older</b> (to obtain a copy call Revenue Canada: 1-800-959-8281)
<input type="checkbox"/> Yes <input type="checkbox"/> No	2018 T4's and/or T5's <b>for all household members 18 years of age or older</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Application is signed by <b>ALL</b> registered property owners (including non-occupant property owners)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy (front and back) of <b>2 pieces of picture ID</b> (e.g. Ontario Driver's License, Status Card, Canadian Passport, Ontario Photo Card, Métis Card, Valid Firearm's License, Military ID) <b>for each Applicant and/or Consenting Spouse</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current MPAC (Municipal Property Assessment). If you cannot find your MPAC notice, please contact 1-866-296-MPAC (6722). <b>(This document differs from your City Tax Bill)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of current City tax statement showing taxes are paid to date. If in arrears, please provide proof of an up to date payment plan arrangement.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current House Insurance Policy (must show value of dwelling coverage, period of coverage and verification of payment)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current water, heating, and electricity invoices. Invoices must be current and show no arrears
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Letter/statement from bank or creditor(s) indicating amount and status of 1 <sup>st</sup> mortgage/loans against the property; <b>include statements from 2<sup>nd</sup> mortgages or lines of credit</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Letter from medical practitioner certifying disability and necessary home accommodations if applying for accessibility repairs
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2018 Child Tax Benefit Entitlement Notices, with all relevant documents for the whole period (Base Year 2016 and Base Year 2017)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Bureau Consent Form signed by Applicant and Co-Applicant (All Title Holders living at the residence)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash flow Worksheet
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assets/Liabilities Worksheet
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	FIMUR Authorization and Consent Form must be completed if you would like to have another party speak to OAHS on your behalf, regarding your application.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	In the case of Separation or Divorce (non-resident owner on title), a copy of Separation Agreement or Divorce Order which must specify who has the interest in the property
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	In the case of a deceased person on title, original Death Certificate or Funeral Director's Statement of Death
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Proof of Bankruptcy Discharge or Consumer Proposal documents showing terms of proposal



**Appendix B: Average Market Value Table**

<b>Service Manager Area</b>	<b>Average MLS® Resale Price (2018 – Source: CMHC)</b>
City of Brantford (Brantford Region)	\$422,000
City of Cornwall	\$206,000
City of Greater Sudbury	\$248,000
City of Hamilton (Metro Hamilton)	\$542,000
City of Kawartha Lakes	\$386,000
City of Kingston (Kingston and area)	\$360,000
City of London	\$359,000
City of Ottawa	\$402,000
City of Peterborough	\$413,000
City of St. Thomas	\$291,000
City of Stratford	\$328,000
City of Windsor (Windsor-Essex)	\$270,000
County of Bruce	\$327,000
County of Dufferin	\$513,000
County of Grey	\$327,000
County of Hastings	\$333,000
County of Huron	\$328,000
County of Lambton	\$288,000
County of Lanark	\$318,000
County of Lennox & Addington	\$360,000
County of Norfolk	\$372,000
County of Northumberland	\$426,000
County of Oxford	\$368,000
County of Renfrew	\$229,000
County of Simcoe	\$493,000
County of Wellington	\$514,000
District Municipality of Muskoka	\$484,000
Municipality of Chatham Kent	\$184,000
Regional Municipality of Waterloo	\$474,000
Regional Municipality of Niagara	\$390,000
United Counties of Leeds & Grenville	\$337,000
United Counties of Prescott & Russell	\$280,000
Algoma DSSAB	\$160,000
Cochrane DSSAB	\$157,000
Kenora DSSAB	\$231,000
Manitoulin-Sudbury DSSAB	\$248,000
Nipissing DSSAB	\$244,000
Parry Sound DSSAB	\$377,000
Rainy River DSSAB	\$226,000
Sault Ste. Marie DSSAB	\$160,000
Thunder Bay DSSAB	\$241,000
Timiskaming DSSAB	\$157,000

**Appendix C: Maximum Household Income Level, 2017\***

<b>CMSMs</b>	<b>Income at 60th Percentile*</b>
City of Brantford	\$80,400
City of Cornwall	\$73,500
City of Greater Sudbury	\$85,200
City of Hamilton	\$83,100
City of Kawartha Lakes	\$76,100
City of Kingston	\$84,800
City of London	\$79,900
City of Ottawa	\$90,500
City of Peterborough	\$78,400
City of St. Thomas	\$79,900
City of Stratford	\$86,100
City of Windsor	\$80,200
County of Bruce	\$90,200
County of Dufferin	\$90,500
County of Grey	\$76,400
County of Hastings	\$72,800
County of Huron	\$77,600
County of Lambton	\$84,100
County of Lanark	\$87,800
County of Lennox & Addington	\$79,800
County of Norfolk	\$82,800
County of Northumberland	\$82,700
County of Oxford	\$86,000
County of Renfrew	\$80,300
County of Simcoe**	\$90,500
County of Wellington**	\$90,500
District Municipality of Muskoka	\$81,100
Municipality of Chatham Kent	\$70,100
Regional Municipality of Waterloo**	\$90,500
Regional Municipality of Niagara	\$79,000
United Counties of Leeds & Grenville	\$84,000
United Counties of Prescott & Russell	\$90,500
Algoma DSSAB	\$63,600
Cochrane DSSAB	\$82,200
Kenora DSSAB	\$81,100
Manitoulin-Sudbury DSSAB	\$73,000
Nipissing DSSAB	\$77,100
Parry Sound DSSAB	\$73,300
Rainy River DSSAB	\$73,500
Sault Ste. Marie DSSAB	\$78,100
Thunder Bay DSSAB	\$80,600
Timiskaming DSSAB	\$66,800
<b>ONTARIO**</b>	<b>\$90,500</b>

\* Based on Statistics Canada 2011 National Household Survey, indexed to 2016, rounded to the nearest hundred.

\*\* In areas where 60th income percentile is greater than the provincial level, the provincial level 60th income percentile is used.



**Ontario  
Aboriginal  
Housing Services**

CREDIT BUREAU CONSENT FORM

I/We \_\_\_\_\_ agree to and give permission to Ontario Aboriginal Housing Support Services Corporation (OAHS) to run a credit check (including checking and exchanging information with credit references where appropriate) for the purposes of determining suitability for programs (e.g. OPHI Home Repair Program) with OAHS for which I/We have applied. OAHS may run another credit check at a future date at their sole discretion while I/We have a loan with an outstanding balance. I have read, understand and agree to the OAHS Privacy Policy attached and acknowledge this Privacy Policy will be amended from time-to-time as posted at [www.OntarioAboriginalHousing.ca](http://www.OntarioAboriginalHousing.ca).

Applicant 1

Name \_\_\_\_\_  
Signed \_\_\_\_\_  
Date \_\_\_\_\_  
SIN (optional- not required) \_\_\_\_\_

Applicant 2

Name \_\_\_\_\_  
Signed \_\_\_\_\_  
Date \_\_\_\_\_  
SIN (optional- not required) \_\_\_\_\_

Applicant 3

Name \_\_\_\_\_  
Signed \_\_\_\_\_  
Date \_\_\_\_\_  
SIN (optional- not required) \_\_\_\_\_



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3<sup>rd</sup> PARTY AUTHORIZATION

Please complete this portion of the application **only if you wish to authorize a 3<sup>rd</sup> party to communicate with OAHS regarding your application.** If you do not require the assistance of a 3<sup>rd</sup> party to speak on your behalf, you do not need to complete this form.

TO: ONTARIO ABORIGINAL HOUSING SERVICES (OAHS) of Sault Ste. Marie, ON

FROM: \_\_\_\_\_

I/we, \_\_\_\_\_, authorize

\_\_\_\_\_, \_\_\_\_\_, to speak to

OAHS on my behalf and allow OAHS to release application information to them.

DATED AT \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Witness Signature

***\*This authorization is only for information directly related to this application. If applicant is approved for funding, a new authorization may be required***